



Ohkay Owingeh Community School
P.O. Box 1077
Ohkay Owingeh, NM 87566
505-852-2154 Fax: 505-852-4305

Ohkay Owingeh Community School requires that all new applicants turn in the following documents for the **2022/2023** school year. All documents must be attached to the Registration Packet for your child to be accepted at Ohkay Owingeh Community School.

Required New Student Documents:

- Copy of Birth Certificate
- Copy of Certificate of Indian Blood
- Current copy of Immunization Record

If you have any questions, please contact the Ohkay Owingeh Community School office at 505-852-2154.



**Ohkay Owingeh Community School
Student Information/Registration Form
2022/2023 School Year**



Date of Registration: _____

Student Name: First _____ Middle _____ Last _____

Age _____ DOB _____ Grade _____ Ethnicity _____ Tribe Enrolled _____

Last School Attended (Name, Address, and Grade): _____

Mother's Name _____ Home # _____ Work# _____ Cell# _____
Mailing Address _____ City _____ State _____ Zip _____
Physical Address _____ Email _____

Father's Name _____ Home # _____ Work# _____ Cell# _____
Mailing Address _____ City _____ State _____ Zip _____
Physical Address _____ Email _____

Legal Guardian _____ Home# _____ Work # _____ Cell# _____
Mailing Address _____ City _____ State _____ Zip _____
Physical Address _____ Email _____

(Documentation of court approved child custody agreements must be submitted to school office)

EMERGENCY CONTACT *(when parents are not available)*

Name _____ Phone # _____ Name _____ Phone # _____

Name _____ Phone# _____ Name _____ Phone # _____

STUDENT CHECK OUT AUTHORIZATION

(To be completed by parent or legal guardian ONLY)

AUTHORIZED ADULTS (Must be 18 years of age or older)

Name _____ Phone# _____ Name _____ Phone# _____

Name _____ Phone# _____ Name _____ Phone# _____

PARENT CONSENT/MEDICAL RELEASE

In the event of injury or illness, I give my consent for emergency medical treatment, first aid services, dental care, and emergency medical services if such procedures become necessary while my child is in school. Parents will be contacted within a reasonable amount of time in the event of illness or injury requiring medical services.

Physician's Name _____ Health Insurance _____ Policy Number _____

Phone# _____ Chart# or DOB _____

Mother/Legal Guardian Signature

Father/Legal Guardian Signature

Date



Ohkay Owingeh Community School
Student Information/Registration Form
2022/2023 School Year



Student Name: First _____ Middle _____ Last _____

Age _____ DOB _____ Grade _____

Please check all that apply to your child and provide the following information so that we can properly care for your child.

____ Asthma ____ Glasses ____ Poor Vision ____ Poor Hearing ____ Diabetes ____ Epilepsy ____ Other

Please list any allergies, medical conditions, special diets, or medication that your child is taking.

PHOTO AND VIDEO RELEASE FORM

I do hereby grant to Ohkay Owingeh Community School the unlimited right to use and/or reproduce photographs, and video in any legal manner of my child, for the internal or external promotional and informational activities of the school. I further understand that by initialing this release, I waive any and all present or future compensation rights to the use of the above stated material(s).

Parent/Legal guardian's initials _____

FIELD TRIP/PUEBLO ACTIVITY CONSENT

My child has my permission to participate in school sponsored field trips, educational activities, recreational activities, pueblo area nature walks, and athletic activities for the duration of the school year. I understand that adequate supervision will be provided. All safety regulations will be adhered to.

Parent/legal guardian's initials _____

Parent/Legal Guardian Signature

Date



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Santa Fe Indian Hospital
1700 Cerrillos Road
Santa Fe, New Mexico 87501

Dear Parents and Legal Guardians of Elementary School Students,

The Santa Fe Service Unit Dental Staff would like to provide a dental screening, dental sealants, and a fluoride application for every student at your school this year. We will be visiting your school at the beginning of the school year.

Fluoride varnish makes your child's teeth stronger and protects against cavities. To make the fluoride varnish effective, your child should receive fluoride varnish at least twice a year. It is even helpful for some kids who have early cavities to have fluoride varnish applied monthly. It can prevent cavities from growing bigger.

Dental sealants make the chewing part of teeth smooth, making it harder for sticky things to stick to the grooves of the tooth and cause cavities. The sealant gives the tooth extra protection against cavities. After placement of the sealant, your child may state that their bite feels high. However, with normal chewing, the sealant will wear to their normal bite.

In order to provide these services, we will need your written consent, if you would like your child to receive these services, please sign where indicated below and complete the attached Medical History Form. With signed consent, these routine services may be provided without you having to be present.

[] Yes, I do give permission for my child _____ to receive

Date of Birth: _____ Chart #: _____ Classroom: _____

- Dental Screening & Fluoride Varnish
• Dental Sealants

[] No, I do not wish to give permission for my child _____ classroom: _____

to receive services.

Parent/Legal Guardian Signature

Date

Medical History

- Please read carefully, this form must be completed prior to treating your child.

Child's name: _____

Date of birth: _____ Hospital Chart #: _____

Which Indian Health Service Dental Clinic does your child go to receive dental care?

Has your child EVER had:

Allergies	Yes	No	Liver Disease /Hepatitis	Yes	No
If yes, to what?	_____		Bleeding Tendencies	Yes	No
Heart Murmur	Yes	No	Heart/Vascular Disease	Yes	No
Seizures	Yes	No	Asthma	Yes	No

Please explain any "yes" answers: _____

Is your child under the care of a Medical Doctor at this time? Yes No

If yes, for what? _____

Name of MD: _____ Phone #: _____

Is your child taking any medication (prescription or over the counter)? Yes No

If yes, please list: _____

Any other information we should be aware of? Yes No

If yes, please explain: _____

By signing, I give consent to have my child participate in sealant and topical fluoride varnish program and that all information given regarding my child is true and accurate.

Signature of Parent/Guardian

Date

If you have any questions, please call the dental clinic below:

Santa Fe Indian Hospital
Dental Clinic
1700 Cerrillos Road
Santa Fe, NM 87505
(505) 946-9485

OHKAY OWINGEH COMMUNITY SCHOOL



School Wide Computer and Internet Acceptance Use Policy

The Ohkay Owingeh Community School computer facilities are to be used in a responsible, efficient, and legal manner. Acceptable uses of the computer and the internet activities, which support learning and teaching for OPCS students. Computer users are encouraged to develop uses which meet their individual needs and which take advantage of our facilities.

The use of the computers and the internet is a privilege, not a right. Inappropriate use will result in denial of this privilege.

Computer and internet users must not:

- ❖ Access unacceptable websites
- ❖ Damage computer, computer systems, or networks
- ❖ Display or send offensive messages or pictures
- ❖ Divulge personal information about themselves or others inappropriately
- ❖ Harass, insult, or attack others
- ❖ Use obscene language
- ❖ Use anyone else's password
- ❖ Trespass or tamper with anyone's work files
- ❖ Violate copyright laws
- ❖ Waste system or network resources

I have read the above Computer and Internet Acceptance User Policy and agree to abide by its provisions. I understand that the violation of these provisions may result in suspension or revocation of computer and internet access, related privileges, and could lead to school disciplinary action.

Student Signature: _____ Date: _____

Print Name: _____ Date: _____

We have discussed this policy with the student named above.

Parent/Legal Guardian Signature: _____ Date: _____

OHKAY OWINGEH COMMUNITY SCHOOL



Title 1 Compact

Student, Parent, Teacher, & Principal Agreement

We understand that in order to promote student learning and success, we must work as a team. This agreement is a promise to work together to foster each student's intellectual, emotional and physical growth. When students, parents, teachers, and administrators work in concert, they truly become *PARTNERS IN LEARNING*.

As a *STUDENT*, I realize my education is important, I know I am the one responsible for my own successes. I agree to carry out the following responsibilities to the best of my ability:

- ❖ Attend school and be on time everyday
- ❖ Respect others and demonstrate positive behavior
- ❖ Follow school rules, dress appropriately, and keep the school clean as described in the Ohkay Owingeh Community School Handbook
- ❖ Participate with parents and teachers to make school an enriching experience
- ❖ Have a positive attitude about myself and my education
- ❖ Complete all school work and homework on time
- ❖ Read daily at home
- ❖ Seek assistance from school staff anytime I have a question or concern
- ❖ The students will speak Tewa as much as possible at home

As the *PARENT*, I understand that by participating in my child's education. I will help my child succeed. I will be responsible for supporting my child's learning in the following ways:

- ❖ Get involved in my child's education through attendance at parent workshops, school events, and if time permits, volunteer my time at the school or through parent organizations
- ❖ Regularly support, encourage, and share homework, discipline and attendance policies with my child as shown in the Ohkay Owingeh Community School Handbook
- ❖ Ensure that my child receives adequate sleep and a well balanced diet
- ❖ Provide a quiet, well-lit place for studying, reading, and completing homework
- ❖ Praise my child's good effort
- ❖ The parents will interact with their child at home in Tewa as much as possible
- ❖ Promote respect for others and encourage good study habits by:
 1. Monitoring my child's use of media (television, internet, and social media)
 2. Ensuring that my child arrives at school on time
 3. Ensuring that my child completes and submits all school work and homework regularly and on time
 4. Encourage my child to participate in healthy and positive extracurricular activities

As the TEACHER, I understand the importance of a high quality education for each student and my responsibility to be a positive role model. I will support students in the following ways:

- ❖ Promote self worth by providing a welcoming, supportive, nurturing, and safe learning environment where all perspectives are valued
- ❖ Become knowledgeable of school/community resources to better meet the needs of students and families
- ❖ Provide engaging and challenging quality curriculum and instruction that is based on state content standards and that addresses the needs of all students
- ❖ Establish and maintain open and on-going communication with students and parents
- ❖ Respect and validate cultural and linguistic diversity
- ❖ Build upon students prior knowledge and strengths
- ❖ Integrate technology into my lessons

As Principal, I understand and support the importance of a high quality education for each student and my responsibility to be an effective leader and will:

- ❖ Create a welcoming environment for students and parents
- ❖ Support the school's mission, goals, discipline guidelines, and rules
- ❖ Ensure a safe and orderly learning environment
- ❖ Act as an instructional leader by supporting teachers in the classroom
- ❖ Provide parents the opportunity to volunteer, participate in, and observe classroom activities
- ❖ Facilitate frequent and on-going communication between parents and teachers through activities including conferences, progress reports, and reasonable access to staff
- ❖ Be available to meet with any concerned parties regarding issues related to school programs
- ❖ Respect and validate cultural and linguistic diversity

Student Signature

Date

Parent/Guardian Signature

Date

Teacher Signature

Date

OOCS Principal

Date

Family Educational Rights and Privacy Act (FERPA) Model Notice for Directory Information

The Family Educational Rights and Privacy Act (FERPA), a Federal law, requires that Ohkay Owingeh Community School, with certain exceptions, obtain your written consent prior to the disclosure of personally identifiable information from your child's educational records. However, OOCS may disclose appropriately designed "directory information" without written consent, unless you have advised the District to contrary in accordance with District procedures. The primary purpose of the directory information is to allow OOCS to include this type of information from your child's educational records in certain school publications. Examples include:

- ❖ A playbill, showing your student's role in a drama production
- ❖ The annual yearbook
- ❖ Honor roll or other recognition lists
- ❖ Graduation programs
- ❖ Sports activity sheets, such as wrestling, showing weight and height of team members

Directory information, which is information that is generally not considered harmful or an invasion of privacy if released, can also be disclosed to outside organizations without a parent's prior written consent. Outside organizations include, but are not limited to, companies that manufacture class rings or publish yearbooks. In addition, two federal laws require local educational agencies (LEAs) receiving assistance under the Elementary and Secondary Education Act of 1965 (ESEA) to provide military recruiters, upon request, with the following information: names, addresses, and telephone listings-unless parents have advised the LEA that they do not want their student's information disclosed without their prior written consent.

If you do not want OOCS to disclose directory information from your child's educational records without your prior written consent, you must notify OOCS in writing by August 30, 2022. OOCS has designated the following information as directory information: (Note: An LEA may, but does not have to include all of the following information listed below).

- Student's name
- Address
- Telephone listing
- Email address
- Photograph
- Date and place of birth
- Major field of student
- Grade level
- Participation in officially recognized activities and sports
- Weight and height of members in athletic teams
- Degrees, honors, and awards received
- The most recent educational agency or institution attended
- Student ID number, user ID, or other unique personal identifier used to access educational records without a PIN, password, etc. (A student's SSN, in whole or in part, cannot be used for this purpose).

These laws are: Section 9528 of the Elementary and Secondary Education Act (20 U.S.C. § 7908) and 10 U.S.C. § 503 (c).



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Family Educational Rights and Privacy Act (FERPA)

I have received information about my rights under FERPA and understand my right to request that any of the items listed below not be disclosed as Directory Information to any outside group, other than those having a legal right to the information, without my written permission. Those having a legal right might include federal auditors, those having oversight responsibilities, circumstances regarding health and safety, emergencies, or other similar entities.

I do not want any Directory Information regarding _____
disclosed. (Student Name)

I do want the following Directory Information listed below regarding _____
Disclosed without my written permission.
(Student Name)

Check all that apply:

1. [] Students name
2. [] Participation in officially recognized activities and sports
3. [] Address
4. [] Telephone number
5. [] Weight and height of members of athletic teams
6. [] Email address
7. [] Photograph
8. [] Degrees, honors, and awards received
9. [] Date and place of birth
10. [] Major field of study
11. [] Dates of attendance
12. [] Grade level

I am the parent or legal guardian of _____

Parent/Legal Guardian

Date

Please sign and return if you do not want any Directory Information regarding your child to be disclosed.